



International Conference of Police Chaplains

Serving All Law Enforcement Chaplains

SENIOR/MASTER APPLICATION

ICPC Membership Required

☐ **Senior** - \$50.00 USD

☐ **Master** - \$75.00 USD

LAST NAME _____ FIRST _____ MI _____

ADDRESS _____ CITY _____ STATE _____

ZIP _____ COUNTRY _____ EMAIL ADDRESS _____

CELL PHONE _____ SECONDARY PHONE _____ ☐ WORK ☐ HOME

RELIGIOUS AFFILIATION: _____ DATE APPOINTED CHAPLAIN: ____/____/____

Chaplaincy Experience (*List most recent first*)

From <i>Ex. 3/1997</i>	To <i>Ex. 9/2009</i>	Agency Address <i>Police Department/Sheriff's Office/Other</i>	Depart/Agency Head <i>Chief/Sheriff Name</i>	Title <i>Chaplain</i>

If additional space is required, please list on a separate page and attach with this application.

ICPC Involvement

Date <i>Ex. 2002-2006</i>	Service <i>Title/Region: Treasurer, Region 5</i>	Date <i>Ex: 2009</i>	Service <i>Title/Region: Host Committee RTS, Region 4</i>

OFFICE USE ONLY

☐ EMAIL APPLICANT ☐ DUES CURRENT MBR STATUS: _____ YRS LE CHAPLAIN: _____ CEU'S: _____

CRED: _____ ☐ MBR DB-CRED APP/DATE/LEVEL ☐ SUBMIT PACKET ACADEMIC REGISTRAR ☐ APP PENDING FILE

Education			
List Institutes Attended		Degree	Year
College			
Seminary			
Graduate			
Specialized Training			
Other			

I understand that misrepresentation or deliberate omission of fact in my application may be justification for refusal or termination of this credential. Credentialing with ICPC is not an endorsement of competency or an endorsement to practice chaplaincy. Furthermore, I understand this process may take 150-180 days.

Signed: _____

Date: _____

APPLICANT CHECKLIST

- ☐ Application - completed, signed, dated
- ☐ Application Fee: \$50/Senior; \$75/Master
- ☐ Supporting Documentation*
*refer to ICPC Credentialing Booklet

Questions?

See our website:
www.icpcchaplains.org or
Call us at: 520 - 317 - 5171

SUBMIT COMPLETED APPLICATION, PAYMENT, AND SUPPORTING DOCUMENTS TO:

Mail: 373 E Val Vista Blvd. Casa Grande, AZ 85122

E-mail: Office@icpcchaplains.org

PAYMENT OPTIONS:

Check - include with your completed packet or
Visa/MasterCard - complete form below or indicate
phone number for verbal authorization

~ DO NOT SEND CASH ~

Visa/MasterCard Payment Authorization (Visa/MC Only)

Chaplain Last Name: _____ First: _____

Card Type: ☐ Agency ☐ Church ☐ Personal

Amount: _____

Cardholder Name: _____

Cardholder Signature: _____ Date: ____/____/____

Visa/MasterCard #: _____ Exp. Date: ____/____

OR, we will call you for verbal authorization at: (_____) _____ - _____